



MANUFACTURED HOME APPLICATION

Please check one T-747578 Land Title

- ☒ TITLE ELIMINATION (Complete all but section 3, below)
☐ TRANSFER IN LOCATION (Complete ALL sections below)
☐ REMOVAL FROM REAL PROPERTY (Complete all but section 4, below)

RECORDER'S CLOCK	FILED AT THE REQUEST OF:
6/28	NAME
	JERRY MCINTURFF
	SKAGIT COUNTY AUDITOR
	ADDRESS
94 OCT 20 P2:51	

9410200088

1 MANUFACTURED HOME				RECORDED	FILED
TPC/PLATE NUMBER	YEAR	MAKE	WIDTH/LENGTH	REQUEST FOR INFORMATION NUMBER (VIN)	
	95	Skyline	40/28	06910103HAB	

2 LAND	
Attach a copy of the legal description of your land. It can be obtained from your County Assessor's office or it may be typed or printed on an Additional Attachment Form (TD-420-732). Manufactured home will be	
<input checked="" type="checkbox"/> AFFIXED	<input type="checkbox"/> REMOVED
P105042	

PROPERTY TAX PARCEL NUMBER
4619-000-002-0001

3 TITLE COMPANY CERTIFICATION			
I certify that the legal description of the land and ownership is true and correct per the real property records.			
NAME	TITLE COMPANY/PHONE NUMBER	SIGNATURE	DATE
		X	
Finalize this application with a Licensing Agent within 10 calendar days of the date Title Company Representative signs.			

4 BUILDING PERMIT OFFICE CERTIFICATION			
I certify that the manufactured home has been affixed to the real property as described, or a building permit has been issued for this purpose and the attachment will be inspected upon completion.			
NAME	SIGNATURE/TITLE	BUILDING PERMIT OFFICE/PHONE #	BUILDING PERMIT #
D. L. Sutton	X Bldg. Official / Inspector	826-3783	027-94
			DATE
			8-31-94

5 OWNER INFORMATION				FEES	
COUNTY #	INC	UNINC	REGISTERED OWNERS	LEGAL OWNERS	Provide the Washington Driver's License or I.D. card number (PIC) for each owner:
Skagit	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2	1	
NAME OF FIRST OWNER					FILING FEE
Robert E. Dusenbery					
NAME OF SECOND OWNER					APPLICATION
Madaline G. Dusenbery					
ADDRESS OF OWNER					MOBILE HOME FEES
1102 Shiloh Ln.					
CITY	STATE	ZIP CODE			ELIMINATION
Hamilton	WA	98255			
NAME OF FIRST LEGAL OWNER*					USE TAX
Washington Mutual Savings Bank					
MAILING ADDRESS OF FIRST LEGAL OWNER					SUB-AGENT FEES
4111 200th St. S.W., CLS01CL					
CITY	STATE	ZIP CODE			TOTAL FEES & TAX
Lynnwood	WA	98036			\$
*SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE/REMOVAL FROM REAL PROPERTY: X					

Anyone who knowingly makes a false statement of a material fact is guilty of a felony, and upon conviction may be punished by a fine of up to \$5,000 and/or 10 years imprisonment (RCW 46.12.210). I DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY LAW THAT I/WE ARE THE REGISTERED OWNERS OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE: Owner Signature(s) & Title(s):	WA OLR NO.	DATE OF SALE	PURCHASE PRICE
	4278		\$30,910.17
	DEALER NAME	TAX JURISDICTION/TAX RATE	
	Coach Carrol Inc.	7.87%	
X Robert E. Dusenbery	DEALER'S AUTHORIZED SIGNATURE		
X Madaline G. Dusenbery	X Markie Coggins Off. Mgr.		
X	<input type="checkbox"/> USE TAX EXEMPT Sale to a Certified Tribal member on the reservation (attach notarized statement of delivery)		

NOTARY OR LICENSE AGENT & NUMBER	SUBSCRIBED TO AND SWORN BEFORE ME THIS	Residing in (County)
X Candace M. Taylor	25th DAY OF August 1994	Skagit
		Exp. 1/1/97

6 COUNTY AUDITOR/AGENT LICENSING OFFICE APPROVAL: (Not for use by Sub-Agents) Candace M. Taylor			
I certify that the above application appears to have been completed correctly, and the applicant has sufficient documentation to proceed with the recording of this form.			

NAME	9410200088	OFFICE/VFS OPERATOR NUMBER	DATE
T Conover	X Conover	2901-11	10-20-94

Lot 2, "ELK RUN ESTATES, BEING AN AMENDMENT OF THE PLAT OF MAX SUTTON'S ESTATES", as per plat recorded in Volume 15 of Plats, page 173, records of Skagit County, Washington.

Situate in the County of Skagit, State of Washington.

9410200088

BK 1383 PG 0152